

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		0		1		
6		0		1		
7		0		1		
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TOTAL IND.			1			
TOTAL DEP.			10			
TOTAL CLAIMS			11			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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